

## Fixed Term Travel Employee Disclosure Certification Form

Agency Name: \_\_\_\_\_

Reporting Year: 2013

I hereby certify that, to the best of my knowledge and belief, the Fixed Term Travel Employee Disclosure information previously filed with the Center for Health Information and Analysis in 2013 is true, accurate, and complete, and prepared in accordance with applicable instructions and regulations. Further, the information contained in this submission is prepared from the books and records of this agency, except where otherwise noted.

This certification is signed under pains and penalties of perjury.

Signature of Owner, Officer, or

Partner \_\_\_\_\_

Print Name and

Title \_\_\_\_\_

Date \_\_\_\_\_

Mail or hand-deliver to:

Center for Health Information and Analysis

ATTN: Report Submissions

2 Boylston Street, 5<sup>th</sup> Floor

Boston, MA 02116